LOBBYIST ANNUAL REPORT FORM



State of Idaho

Ben Ysursa Secretary of State To Be Filed By:

L-2 LOBBYISTS (Sec. 67-6619)

Page of Page(s)
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SECRETALLY OF STATE STATE OF IDAHO

POSTED

(Type or print clearly in black ink) See instructions at bottom of page

	Se	e instructions	at bottom of page						<u></u> _					
Lobbyist's name and permanent business address							Date prepared				Period covered			
Michael M. Stoddard Hawley Troxell Ennis & Hawley LLP PO Box 1617 Boise, ID 83701-1617						12/31/05			(Mo.) 12	year endi (Day) 31	(Yr.) 05			
Item Totals of all reportable expenditures made or incurred by Lobbyist or by Lobbyist's Employer on behalf of Lobbyist's Employer.										oyer.				
Category of Expenditure Reimbursed Personal Living and Travel Expenses Pertaining to Lobbying Activity Do Not Have to be Reported			* Total Amount for All Employers	Item 3, at								der Employer No. 4		
Entertainment Food and Refreshment			\$0.00	\$		_ \$.		\$			\$			
Living Accommodations			0.00			_ _		_						
Advertising			0.00			_		_ _						
Travel			0.00					_						
Telephone			0.00					_ _						
Other Expenses or Services			0.00			_		_						
		Total	\$0.00	s	0.0	<u>0</u> s.	0.0	<u>00</u> s	(0.00	\$	0.00		
*1	When the numbe	r of employers	you are reporting for requi	ı res multiple	L-2 forms	to be fil	ed a total amou	ן nt for all emp	oloyers sl	hould be c	ntered on Pa	ige 1.		
Item		ls of each expenditure of more than fifty dollars (\$50) for a												
2	Date		Place		Amo	ount	Nar	nes of Legisla	ators & F	Public Offi	icials in Gro	up		
1	None													
	Continued on at	tached page(s)			l]	_						
INSTRUCTIONS								Employer(s) Name(s) and Address(es)						
Who should file this form: Any lobbyist registered under Section 67-6617 Idaho Code.						No.1 Idaho Health Facilities Authority 1607 W. Jefferson, Boise, ID								
Filing deadline: Annual report is due on January 31st.						No.2								
TO BE FILED WITH: Ben Y sursa Secretary of State PO Box 83720						No.3								
Boise, ID 83720-0080 Phone: (208) 334-2852 Fax: (208) 334-2282						No.4								

Item 4	Exper	Expenditures made by the lobbyist or by the lobbyist's employer in the nature of contributions of money or other tangible or intangible personal property to any Legislator, or for or on behalf of any legislator.												
Date Amount					Name of Legislator Receiving or Benefited									
	None													
Item		ect matter of proposed legislation, the number of the Senate				LEGISLATIVE SUBJECT IDENTIFICATION								
4 or H		-		legislative activity in which	Cada	. Bullius								
Subject Code (from table) None				pposing. Appropriation Bill Number		Subject Agriculture, horticulture, farming, and livestock Amusements, games, athletics and sports Banking, finance, credit and investments Children, menors, youth, senior citizens Church and religion Consumer affairs Ecology, environment, pollution, conservation, zoning, land and water use Education Elections, campaigns, voting, political parties Equal rights, civil rights, minority affairs Government, financing, taxation, revenue, budget, appropriations, bids, fees, funds Government, county Government, federal Government, municipal Government, special districts Government, state	20 21 22 23 24 25 26 27 28 29 30 31	Subject Health service, medicine, drugs and controlled substances, health insurance, hospitals Higher education Housing, construction, codes Insurance (excluding health insurance) Labor, salaries and wages, collective bargaining Law enforcement, courts, judges, crimes, prisons License, permits Liquor Manufacturing, distribution and services Natural resources, forest and forest products, fisheries, mining and mining products Public lands, parks, recreation Social insurance, unemployment insurance, public assistance, workmen's compensation Transportation, highways, streets and roads Utilities, communications, televisions, radio, newspaper, power, CATV, gas Other (please specify)						
				above is a true, complete and n 67-6624 Idaho Code.	· ·	Neil P. Moss Employer No. 1 signature Employer No. 3 signature Employer No. 4 signature)	Date Date Date Date Date						